

The Vac Scene

A bi-monthly newsletter for immunization providers

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Table of Contents:

- 2nd Dose MMR School Entry Requirement, FALL 2000-2001
- Public Health's New Immunization Fee Schedule
- CDC's Vaccine-Preventable Disease & Epidemiology Course 2000
- News from the Public Health - Seattle & King County Vaccine Distribution Program
- Recommended Use of Inactivated Poliovirus Vaccine (IPV) For Routine Immunizations
- Recommended Childhood Immunization Schedule, United States, January-December, 2000
- Hepatitis B Vaccination of Newborn Infants
- Referral Guidelines for Public Health Clinic Services

2nd Dose MMR School Entry Requirement, FALL 2000-2001

Beginning next Fall (school year 2000-2001), the second dose of MMR vaccine will be required for kindergarten entry in Washington State. This requirement will move up a grade each year until it merges with the 6th grade entry requirement. By school year 2006-2007, all students in grades K-12 will be required to have had two doses of MMR vaccine, or two measles-containing vaccines. (Note: Parents and/or guardians still have the option to sign an exemption for their child(ren) based on medical, personal or religious reasons for this, and other vaccines required for school entry).

If you have questions about the new requirements, please call Public Health - Seattle & King County, Immunization Program, at (206) 296-4774 or the Washington State Department of Health Immunization Program at (360) 236-3595.

Public Health's New Immunization Fee Schedule

New immunization fees at PHSKC clinics were approved by the King County Board of Health and became effective 12/31/99. This action was taken in order to recoup the real costs of immunizations. The following information is intended to explain the changes in our fee structure. All fees are based on true costs.

The visit and vaccine service charges (except for travel immunization services) may be reduced or waived for clients who cannot afford to pay - no one is turned away for inability to pay.

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In the revised schedule:

- There is a Vaccine Service Charge of \$15.00 per dose of vaccine (previously the charge was \$10.00 per dose).
- The cost of vaccine itself is free for public-funded vaccines available to children up through age 18 (age 19 for hepatitis B).
- For vaccines that are not public-funded, Public Health - Seattle & King County's vaccine purchase cost is added.
- There is now a Visit Charge for five types of immunization visits: general immunization, occupational immunization, travel follow-up, and to validate a travel certificate, all at \$20.00; and an increase in the travel immunization visit to \$40.00. No visit fee is charged when the client receives influenza vaccine only, or receives influenza and pneumococcal vaccines at the same visit.

CDC's Vaccine-Preventable Disease & Epidemiology Course 2000

Mark your calendars for CDC's live four-part satellite course, Epidemiology and Prevention of Vaccine-Preventable Diseases, scheduled for 9:00am-12:30pm March 23, 30, April 6 & 13, 2000. The course is being graciously co-sponsored by Region X Public Health Service in downtown Seattle. Health care providers who give immunizations and/or set policy for their clinics are encouraged to attend.

News from the Public Health - Seattle & King County Vaccine Distribution Program**Thimerosal-free Hepatitis B Vaccine Available March 1st**

Since mid-November 1999, thimerosal-free (t-free) Hepatitis B vaccine has been made available through the public vaccine program to hospitals for the first dose given to newborn infants. Beginning March 1st, there will be a sufficient supply of t-free Hepatitis B vaccine available for distribution to health care providers for immunization of infants younger than six months of age only.

New vaccine order forms will be mailed to all providers participating in the public-funded vaccine program during the week of February 21st. Orders for the t-free hepatitis B vaccine will be shipped beginning March 1st. In order to maintain an ample supply of this t-free vaccine for use in infants younger than six months of age, it is crucial for providers to calculate their vaccine orders conservatively.

For infants and children six months of age and older, providers must continue to use and order the thimerosal-containing hepatitis B vaccine. Providers will need to keep their supplies of t-free hepatitis B vaccine separate from their other supplies of hepatitis B vaccine.

New Contracts and Renewals

Newly revised contracts for state provided (public funded) childhood vaccines were **mailed to providers January 7th, and the signed original contracts must be returned to the Immunization Program by February 16, 2000**. Orders received after this date will be processed only for those who have turned in the new contracts.

Highlights of the primary changes in the new contract include:

- Health care providers are now allowed to charge up to \$15.60 per dose for administration of vaccine. This increase was allowed by the Washington State Department of Health in

recognition of the true costs to providers of immunization services and program reporting requirements (formerly \$10.00; see section "C").

- Reminder/recall is now required for children under three years of age (formerly six years of age; see section "N").
- Procedures regarding assessment of vaccine viability after a temperature incident are now spelled out in the contract (please see section "M").

If you have not received your contract, please call 206-296-4782, and someone will return your call as soon as possible.

Site Visits

In 2000, Public Health will continue making site visits to approximately ten percent of health care providers who participate in the public funded vaccine program. Providers are selected at random, though sites needing specific education or support will also be included. The purpose of the site visits will be to assess overall compliance with the requirements of the contract. The primary focus will be to ensure that vaccines are being stored and administered safely and appropriately, and accounted for as required.

Site visit notification letters, including the checklist used to evaluate clinics, will go out to the selected providers in March.

Recommended Use of Inactivated Poliovirus Vaccine (IPV) For Routine Immunizations

The Advisory Committee on Immunization Practices (ACIP) now recommends an all-inactivated polio vaccine schedule for routine childhood polio vaccination in the United States. Effective January 1, 2000, all children in the U.S. should receive four doses of IPV at ages 2, 4, and 6-18 months, and 4-6 years. Use of an all-IPV series will eliminate the risk for vaccine-associated paralytic polio (one case per 2.4 million doses distributed).

The policy indicates that the transition to the all-IPV schedule should be completed as soon as feasible and no later than the first six months of 2000. Current supplies of OPV can continue to be used only under the following special circumstances:

- Unvaccinated children who will be traveling in less than 4 weeks to areas where polio is endemic.
- Children of parents who do not accept the recommended number of vaccine injections. These children may receive OPV only for the third or fourth dose or both; in this situation, health care providers should administer OPV only after discussing the risk for VAPP with parents or caregivers.
- Mass vaccination campaigns to control outbreaks of paralytic polio.

Providers who receive their vaccine from Public Health's Vaccine Distribution Program should not return any OPV vaccine before the expiration date, as it is unlikely that it will be used within public health. Any expired vaccine should be returned to Public Health, however, in order to obtain a rebate in the excise tax.

A new IPV Statement is enclosed. A supplemental OPV VIS can be obtained from the Immunization Action Coalition Website: www.immunize.org or by calling Public Health Immunization Program at (206) 296-4774.

Recommended Childhood Immunization Schedule, United States, January-December, 2000

The new Childhood Immunization Schedule was published in the January 21, 2000, issue of CDC's *Morbidity and Mortality Weekly Report* and we have enclosed it with this newsletter.

The changes to the schedule, proposed by CDC's Advisory Committee on Immunization Practices (ACIP), include:

- the recommendation for use of inactivated poliovirus vaccine (IPV) alone for routine childhood polio vaccination;
- the removal of rotavirus vaccine;
- the recommendation for the exclusive use of acellular pertussis (whooping cough) vaccines for all doses of the pertussis vaccine series, and
- the recommendation for use of hepatitis A vaccine in selected areas of the United States with high rates of hepatitis A.

Hepatitis B Vaccination of Newborn Infants

Q) Which infants should receive a birth dose of hepatitis B vaccine?

A) All infants should receive a birth dose of hepatitis B vaccine prior to discharge from the hospital*. Babies born to HBsAg-positive and unknown status women should receive the first dose within 12 hours of birth (along with HBIG).

Q) Why is it important for all infants to receive the first dose of hepatitis B vaccine prior to leaving the hospital?

A) Beginning the hepatitis B immunization series at birth is important for all babies because studies have shown that:

1. infants who receive the first dose of hepatitis B vaccine at birth are more likely to complete the vaccine series than babies who are not given the first dose at birth, and
2. infants and children who live with persons infected with hepatitis B are at increased risk of themselves developing hepatitis B. Infants who are immunized against hepatitis B early in life are much less likely to develop a hepatitis B infection, even if they are exposed to virus-containing blood and/or body fluids. Typically, the hepatitis B status of the infant's mother is known at the time of delivery; however, it is not always known if a family member other than the mother is infected with hepatitis B. The family member, including the father of the baby, siblings, grandparents, or other extended family members may have an asymptomatic infection with hepatitis B and unknowingly spread this infection to the infant through exposure to virus-containing body fluids.

***Note: Some health care groups have chosen to use Comvax (combination Hib and hepatitis B vaccine) which is given after the infant is 6 weeks of age. This is acceptable for infants born to HBsAg-negative women and infants who are not living in a high-risk household (with one or more persons acutely or chronically infected with hepatitis B).**

Referral Guidelines for Public Health Clinic Services

Each of our Public Health clinics follows protocols for vaccine administration and communicable disease testing based on the most current recommendations from the US Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP), and the American Academy of Pediatrics. These clinic guidelines are approved by our Medical

Director, Dr. Jeff Duchin, Public Health's Chief of Communicable Disease Epidemiology & Immunization.

The following guidelines may assist you in deciding whether to refer your client to a PHSKC clinic for immunization and communicable disease testing services:

- We give only those vaccines or immune globulins that are required or recommended for a particular client by CDC or ACIP guidelines. For example, yellow fever vaccine is only given to a client if he or she is traveling to a yellow-fever endemic area. Regardless of the client's willingness to accept vaccine-associated risks for vaccines that are not recommended, or whether their physician specifically prescribes them, our clinics will only administer a vaccine or immune globulin that is indicated within current guidelines.

Public Health prefers that clients be given routine immunizations by their primary care provider whenever possible. Clients who are under-insured or uninsured with regard to immunizations may be referred to a Public Health clinic for these services.

- Our clinics do testing and blood draws that are ordered by one of our clinic providers. If a client needs a blood draw for surveillance purposes, the provider should call 206-296-4774 to discuss it with our Communicable Disease Epidemiology program. If the requested testing is appropriate, CD/Epi staff will try to arrange to have it done at the appropriate Public Health clinic.
- Our Public Health Pharmacy can only fill prescriptions written by health department providers for health department patients (those who are registered and have a medical chart and have been evaluated by our staff). The contracts we have with pharmaceutical companies prohibit us from selling any biologicals (such as immune globulin) or vaccines to patients or to outside providers. Providers can obtain these products through their regular pharmaceutical distributor.

Please call the Public Health - Seattle & King County Communicable Disease/Epidemiology program at (206) 296-4774 if you have any questions about these guidelines, or other issues, pertaining to referrals to Public Health clinic services.